



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD
Title: METHODS TO TREAT
AUTOIMMUNE AND
INFLAMMATORY
CONDITIONS
Appl. No.: 10/051,320
Filing Date: January 18, 2002
Examiner: Kim, Jennifer M.
Art Unit: 1617
Confirmation No. 8000

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR §1.56

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith on Form PTO/SB/08 is a listing of documents known to Applicant in order to comply with Applicant's duty of disclosure pursuant to 37 CFR §1.56.

A copy of each U.S. patent document and each non-patent document is being submitted to comply with the provisions of 37 CFR §1.97 and §1.98.

The submission of any document herewith, which is not a statutory bar, is not intended as an admission that such document constitutes prior art against the claims of the present application or that such document is considered material to patentability as

defined in 37 CFR §1.56(b). Applicant does not waive any rights to take any action which would be appropriate to antedate or otherwise remove as a competent reference any document which is determined to be a *prima facie* art reference against the claims of the present application.

TIMING OF THE DISCLOSURE

The listed documents are being submitted in compliance with 37 CFR §1.97(c), before the mailing date of either a final action under 37 CFR §1.113, a notice of allowance under 37 CFR §1.311, or an action that otherwise closes prosecution in the application.

RELEVANCE OF EACH DOCUMENT

All of the documents are in English.

Applicant respectfully requests that each listed document be considered by the Examiner and be made of record in the present application and that an initialed copy of Form PTO/SB/08 be returned in accordance with MPEP §609.

FEE

Please charge Deposit Account No. 50-0872 for submission of a supplemental information disclosure statement under 37 CFR §1.97(c) in the amount of \$180.00 in accordance with 37 CFR §1.17(p).

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 CFR §§ 1.16-1.17, or credit any

overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Respectfully submitted,

Date September 2, 2005

By Antoinette F. Konski

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<p>Substitute for form 1449B/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p>Date Submitted: September 2, 2005</p> <p>(use as many sheets as necessary)</p> <p>1 of 1</p>	<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/051,320</td> </tr> <tr> <td>Filing Date</td> <td>January 18, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>H. Michael SHEPARD</td> </tr> <tr> <td>Group Art Unit</td> <td>1617</td> </tr> <tr> <td>Examiner Name</td> <td>Kim, Jennifer M.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>NB 2019.00 (060925-1900)</td> </tr> </table>	Application Number	10/051,320	Filing Date	January 18, 2002	First Named Inventor	H. Michael SHEPARD	Group Art Unit	1617	Examiner Name	Kim, Jennifer M.	Attorney Docket Number	NB 2019.00 (060925-1900)
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U.S. PATENT DOCUMENTS

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FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.